

**ABANDONED WATERCRAFT ABATEMENT FUND
APPLICATION FOR GRANT**

**(Cover Sheet)
YEAR 2002/03**

Local Agency Name: _____

Address: _____

Title of Proposal: _____

Summary of Proposal: _____

Contact Person: *(Please print or type)* NAME: _____

Telephone: () _____

FAX: () _____

E-mail: _____

Grant Amount Requested:

Total: _____

Breakdown

Total Estimated Cost: _____

10% Local Contribution: _____

Prepared By: _____ Date: _____

Reviewed By: _____ Date: _____

Signature of Officer: _____ Date: _____

Title: _____

DBW USE ONLY: **Additional Review and Action**

Priority No: _____ AGPA _____

☐ Approved _____

☐ Disapproved _____

SSM_____ Comment: